PTO/SB/06 (08-03)

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PATENT APPLICATION FEE DETERMINATION RECORD							Application or Docket Number		
Substitute for Form PTO-876 10/00 9151									2/
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)					SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	ILED NUMBER EXTRA			RATE	FEE		RATE	FEE
BASIC FEE D7 CFR 1.15(a))		1		1	`			1	FEE
TOTAL CLAIMS (37 CFR: 1,18(c))-	minus 4	minus 20 ·s··· ·		1		<u> </u>	OR		
INDEPENDENT CLAIMS		- 		ł	X 8	\	OR	× 3	
				X \$	\	OR	X 8	1	
				j	+3		OR	+8	
* If the difference in column 1 is tess than zero, enter "0" in column 2.					TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II									
	olumn 1)	(Column 2)	(Column 3)		SMALL E	ENTITY	OR	OTHER	R THAN ENTITY
RE RE	ZAIMS MAINING	HIGHEST NUMBER	PRESENT		RATE	ADDi-		RATE	ADDi-
AME AME	AFTER ENDMENT	PREVIOUSLY PAID FOR	EXTRA			TIONAL		MAIL	TIONAL FEE
Total promises	W Minus	" 42	•)		x s	1	OR	xs	
E P7 CFR 1.1660	4 Minus	4	1.		x \$=		OR	X 8=	
THIS I PRESCRIPTION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d))					+1 -	\	OR	+8 •	
22,27,32,60			• •	TOTAL ADD'L FEE		OR	TOTAL	\	
WE (Column 1) (Column 2) (Column 3)					~ T		٠.	ADD'L FEE	
60 ()	LAIMS	HIGHEST		1			1		
	MAINING NFTER INDMENT	MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	Н	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
E Total 4	Minus	* 42_	- /			FEE.			FEE
W Grant Men 4	Minus	 4-	- /		X 8		OR	× 6	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (ST CFR 1.16(d))					X \$		OR	× 8 =	
					TOTAL		OR	TOTAL	
•					ADD'L FEE		OR	ADD'L FEE	
	LAIMS	(Column 2)	(Column 3)	•					
RE	WAINING FTER	NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI-		RATE	ADDI-
Z AME	NOMENT	PAID FOR				TIONAL FEE			TIONAL FEE
Total Officer (stree) Z Independent (streen (stree)	Minus		•		x s=		OR	x s =	
Z krospendent (s7 cFR 1, 8(p))	Minus	•••			x \$		OR	X 8 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(M))							OR	+ 5	
TOTAL TOTAL ADD'L FEE OR ADD'L FEE									
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".									
"" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" IT this is proposed by the the thing that a second second in the second sec									

Inter Highest Number Previously Paid For^{*} (Total or Independent) is the Highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The Information is required to obtain or retain a banefit by the public which is to tile (and by the USFTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including adhering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this bundar, should be sent to the Chief Information Office, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.